

AO 239 (01/09) Application to Proceed in District Court Without Prepaying Fees or Costs (Long Form)

Church of

UNITED STATES DISTRICT COURT

for the

the cross

Plaintiff/Petitioner

See disclosure

Defendant/Respondent

Civil Action No. 13cv2495 DWF/JJG

APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS
(Long Form)

Affidavit in Support of the Application

Instructions

I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested. I declare under penalty of perjury that the information below is true and understand that a false statement may result in a dismissal of my claims.

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Signed:

Church of the
Cross

Date:

9-07-2013

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	Average monthly income amount during the past 12 months		Income amount expected next month	
	You	Spouse	You	Spouse
Employment	\$	\$	\$	\$
Self-employment	\$	\$	\$	\$
Income from real property (such as rental income)	\$	\$	\$	\$
Interest and dividends	\$	\$	\$	\$
Gifts	\$	\$	\$	\$
Alimony	\$	\$	\$	\$
Child support	\$	\$	\$	\$

SCANNED

SEP 12 2013

U.S. DISTRICT COURT MPLS

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Retirement (such as social security, pensions, annuities, insurance)	\$	SEE	\$	disclosure	\$	disclosure
Disability (such as social security, insurance payments)	\$	SEE	\$	disclosure	\$	disclosure
Unemployment payments	\$	SEE	\$	disclosure	\$	disclosure
Public-assistance (such as welfare)	\$	SEE	\$	disclosure	\$	disclosure
Other (specify):	\$	SEE	\$	disclosure	\$	disclosure
Total monthly income:	\$	0.00	\$	0.00	\$	0.00

2. List your employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
SEE DISCLOSURE			\$
			\$

3. List your spouse's employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
SEE DISCLOSURE			\$
			\$
			\$

4. How much cash do you and your spouse have? \$ SEE DISCLOSURE

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial institution	Type of account	Amount you have	Amount your spouse has
SEE DISCLOSURE		\$	SEE DISCLOSURE
		\$	\$
		\$	\$

If you are a prisoner, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

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5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

Assets owned by you or your spouse	
Home (Value)	\$ See disclosure
Other real estate (Value)	\$ See disclosure
Motor vehicle #1 (Value)	\$ See disclosure
Make and year:	[REDACTED]
Model:	
Registration #:	
Motor vehicle #2 (Value)	\$ See disclosure
Make and year:	[REDACTED]
Model:	
Registration #:	
Other assets (Value)	\$ See disclosure
Other assets (Value)	\$ See disclosure

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
See disclosure	\$	\$
	\$	\$
	\$	\$
	\$	\$

7. State the persons who rely on you or your spouse for support.

Name (or, if under 18, initials only)	Relationship	Age
See disclosure		

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Other real estate (Value)	\$ See disclosure
Motor vehicle #1 (Value)	\$ See disclosure
Make and year:	[REDACTED]
Model:	
Registration #:	
Motor vehicle #2 (Value)	\$ See disclosure
Make and year:	[REDACTED]
Model:	
Registration #:	
Other assets (Value)	\$ See disclosure
Other assets (Value)	\$ See disclosure

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
See disclosure	\$	\$
	\$	\$
	\$	\$

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Name (or, if under 18, initials only)	Relationship	Age
See disclosure	See disclosure	See disclosure

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Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$	See	
Other (specify):	\$	0.15	6.22
Total monthly expenses:	\$	0.00	\$ 0.00

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?

☐ Yes ☒ No If yes, describe on an attached sheet.

10. Have you paid — or will you be paying — an attorney any money for services in connection with this case, including the completion of this form? ☐ Yes ☒ No

If yes, how much? \$ _____

If yes, state the attorney's name, address, and telephone number:

11. Have you paid — or will you be paying — anyone other than an attorney (such as a paralegal or a typist) any money for services in connection with this case, including the completion of this form? ☐ Yes ☒ No

If yes, how much? \$ _____

If yes, state the person's name, address, and telephone number:

12. Provide any other information that will help explain why you cannot pay the costs of these proceedings.

13. Identify the city and state of your legal residence.

Your daytime phone number: _____

Your age: 56 Your years of schooling: Disclosure

~~Do not divulge your social security number.~~

ETN

46-226 7857

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. _____

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*This summons for (name of individual and title, if any) _____
was received by me on (date) _____☒ I personally served the summons on the individual at (place) _____

on (date) _____; or

☐ I left the summons at the individual's residence or usual place of abode with (name) _____

, a person of suitable age and discretion who resides there,

on (date) _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on (name of individual) _____, who is

designated by law to accept service of process on behalf of (name of organization) _____

on (date) _____; or

☐ I returned the summons unexecuted because _____; or☐ Other (specify): _____

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00

I declare under penalty of perjury that this information is true.

Date: _____

Church of the cross

Server's signature

Church of the cross

Printed name and title

P.O. Box 6717

Server's address

MP15, MA

Additional information regarding attempted service, etc:

55406